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-7 AUG 1962

HEREFORDSHIRE COUNTY COUNCIL



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH
FOR THE YEAR
1961

ANNUAL PUBLIC HEALTH REPORT FOR 1961

To the Chairman and Members of the County Health Committee.

I have the honour to report on the health of Herefordshire for the year 1961. The estimated population was 130,860, the birth rate was 17.8 per thousand population, the death rate was 11.2 per thousand population, the infant mortality rate was 14.3 per thousand live births and the still birth rate was 22.3 per thousand live and still births.

Among other items the Report deals with the development of home health services provided under Part III of the National Health Service Act, 1946. A striking feature of the home health services has been their closer integration with services provided under Parts II and IV of the National Health Service Act, 1946, the specialist and general practitioner services respectively. Arrangements are made for health visitors to follow up the cases of most children and some elderly persons discharged from hospital, but only in a few cases do we get requests for reports on their home circumstances before they are actually discharged. I should have thought that such information would have been of value. As yet no special arrangements have been made for health visitors to work in conjunction with particular general practitioners or groups of practitioners. However, there is a growing understanding by the general practitioners of the work undertaken by the health visitors. Their ready availability on the telephone has increased the requests for their services.

Living accommodation in rural areas is not always attractive to young and recently qualified nurses. The majority of applicants expect a modern house with reasonable accommodation, urban amenities even if situated in rural surroundings. It must be expected that when new appointments are made the County Council will have to build more nurses' houses.

Much is now done in the way of health education and requests by voluntary organisations for talks on health subjects by members of the staff of the County Health Department, is steadily increasing.

Progress in the provision of mental health services has been maintained. The basic principle is the establishment of a comprehensive community care service for mentally disordered persons. So far attention has mainly been directed towards such services for the mentally subnormal and relatively little has been done for persons suffering from mental illness. Although several subnormal trainees at the Rockfield Road Adult Training Centre did not derive a great deal of benefit from their attendance at the Centre, far and away the majority did extremely well and have reached quite a high measure of proficiency in certain industrial tasks. Lengthy training of such trainees calls for great skill and infinite patience on the part of the Supervisor and his staff. A "Special Care Unit" for severely subnormal children and adolescents is held on one day a week at the Health Clinic, Gaol Street, Hereford.

We are trying to make circumstances such that persons suffering from the milder forms of mental illness may remain in the community. There are at present very few facilities provided to help the relatives and friends with such patients. There is a psychiatric club which meets monthly. Perhaps the future will see an increased number of out-patient clinics for such persons, these clinics being integrated with the modern rehabilitation unit at St. Wulstan's Hospital, Malvern, and a carefully drawn up boarding-out scheme.

Progress in the provision of a chiropody service has been slow. The service is supposed to cover the elderly, physically handicapped and expectant mothers, virtually all requests for treatment come from the elderly. We have difficulty in finding chiropodists prepared to work in the County Health Clinics for sessional fees. This has led to increasing waiting lists so much so that unless more chiropodists are shortly appointed only the most urgent cases will receive treatment.

Reference has already been made to the close integration of the home health services with the specialist and general practitioner services. It is found that alterations in the specialist and general practitioner services leads to the need for changes in the home health services. A staffing shortage in the maternity department of the County Hospital, Hereford, led to more mothers having to be confined in their own homes by the domiciliary midwives. General practitioners now provide

more treatments by injection which have to be given by the district nurses in the homes of the patients. This increased activity following changes in the specialist and general practitioner services makes it difficult accurately to estimate future staffing.

The incidence of poliomyelitis remained low with 5 cases and 1 death. An interesting point of these 5 cases was that all occurred near each other, 4 of the cases were within a quarter of a mile and the fifth was not a great distance away. In the summer months we used a mobile infant welfare unit for holding special poliomyelitis immunisation clinics in the remote rural areas.

Careful records have been kept of all problem families for the last 10 years. From these it is clear that the proportion of problem families to the total population has remained relatively constant. However, there is a quite remarkable turn over, and only to a very small extent are they the same families. There is a relatively small proportion of real successes in problem families which are the subject of intensive case-work by a family welfare officer. In the future it would seem that it would be better to concentrate more on a limited number of such families which are likely to improve.

Much good work continues to be done by voluntary organisations and voluntary workers. In Herefordshire a new entry into this field is the Marie Curie Memorial Foundation which provides assistance, in kind, to meet the urgent needs of certain patients being nursed at home and to supplement help from statutory and other sources. Monetary assistance is not provided directly and the needs most commonly met by the Foundation are by payment for personal comforts and extra nourishment. Their policy is to give an initial financial grant for the County, to be expended over a test period, followed by further six-monthly grants in the light of the initial distribution ; the Superintendent Nursing Officer is the agent for administering the grants.

In general the health continues to be satisfactory. The rural areas have an increasing proportion of the aged, which brings with it the problem of providing additional home health services in these areas. This is to some extent balanced by Hereford City, which is attracting an increasing number of workers in industry, with young families requiring different but nonetheless important home health services.

I thank the Chairman and members of the Committees for their encouragement and the professional and clerical officers of the County Health Department for their loyal support.

J. S. COOKSON,
County Medical Officer.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET,
HEREFORD.
Tel. No. Hereford 4281-3.

THE COUNTY HEALTH COMMITTEE

(as at 31st December, 1961)

COUNCILLOR MRS. A. J. PASKE
(Chairman)

COUNCILLOR R. F. S. CLARKE
(Vice-Chairman)

Aldermen :

W. J. BRAY, J.P.
G. F. CHAMBERS, J.P.
W. DAVIES, J.P.

D. W. HAMLEN-WILLIAMS
D. G. WATKINS

Councillors :

MRS. A. M. BARNEBY, J.P.
R. H. CLUTTERBUCK
MAJOR R. E. COMBE, O.B.E., M.C., D.L., J.P.
MISS S. G. DUNNE, J.P.
LT.-COMDR. G. GLENTON
W. R. GRIFFIN
L. F. W. JAY
R. H. K. JOYCE

E. L. LEWIS
R. A. LOWTH
MRS. J. D. PRENDERGAST
R. W. P. ROFF
S. R. SOUTHALL
T. R. STEPHENS
MISS R. G. VIRGO
W. F. H. F. WILSON
Two vacancies.

Education Committee Representatives :

MRS. B. A. BARKER, J.P.

One vacancy.

Herefordshire Hospital Management Committee Representatives :

MISS P. GREENLAND

MRS. M. J. WILLIAMSON

Local Executive Council Representatives :

MR. C. W. HARRIS

DR. H. WARD-SMITH

Hereford City Council Representatives :

COUNCILLOR W. H. BLUNDSTONE
COUNCILLOR J. HARDING

ALDERMAN R. C. MONKLEY
COUNCILLOR F. C. WARR

Co-opted Members :

MRS. J. B. SENIOR

DR. G. N. WILSON

* * *

THE PUBLIC HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1961)

COUNCILLOR S. R. SOUTHALL
(Chairman)

Aldermen :

A. E. BISHOP
W. DAVIES, J.P.
A. E. FARR, J.P.
H. T. PATRICK

T. L. STOKES
D. G. WATKINS
L. J. WEST, J.P.

Councillors :

MAJOR H. S. ALLFREY, D.L., J.P.
BRIG.-GEN. T. R. F. BATE, C.M.G., D.L., J.P.
R. F. S. CLARKE
MAJOR R. E. COMBE, O.B.E., M.C., D.L., J.P.
K. V. JAMES-MOORE
E. L. LEWIS
R. A. LOWTH

F. L. MALLESON
W. D. PORTER
C. W. POWELL
N. M. POWELL
P. P. J. POWELL, J.P.
MRS. J. D. PRENDERGAST
One vacancy.

S T A F F

County Medical Officer

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy County Medical Officers

*I. F. MACKENZIE, M.D., D.P.H., D.T.M. & H.

Assistant County Medical Officers

*W. HOGG, M.B., B.S., D.P.H.

*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

VIVIEN P. HELME, M.B., CH.B., D.(OBST.), R.C.O.G.

Principal Dental Officer

O. S. BENNETT, L.D.S., R.C.S.ENG.

Chest Physician

†T. V. R. PHILIP, M.B., CH.B., D.P.H.

Assistant Chest Physician

†R. M. BOVERI, M.D., L.R.C.P., L.R.C.S.

Supervisor of Midwives and Superintendent Nursing Officer

MISS E. O. ROBERTS, S.R.N., S.C.M., M.T.D., H.V.

There are two Assistant Superintendent Nursing Officers.

Nursing Staff

A total establishment of 84 staff covers the domiciliary nursing, midwifery and health visiting services as combined duties in rural areas and mainly as specialised duties in urban areas including Hereford City.

Chief Administrative Officer

K. J. WILLIAMS.

*Also District Medical Officers of Health.

†Part-time by arrangement with Birmingham Regional Hospital Board.

This table shows the areas covered by the four District Medical Officers of Health :

Dr. G. D. K. Needham, Westfield Walk, Leominster, Hfds. Tel. Leominster 2049	Dr. W. Hogg, Chepstow House, Ross-on-Wye, Hfds. Tel. Ross-on-Wye 2214	Dr. I. F. MacKenzie, Town Hall Annexe, Hereford. Tel. Hereford 3021	Dr. R. Wood Power, 21, East Street, Hereford. Tel. Hereford 2200
Bromyard U.D.C. Bromyard R.D.C. Kington U.D.C. Kington R.D.C. Leominster Borough Leominster and Wigmore R.D.C. Weobley R.D.C.	Dore & Bredwardine R.D.C. Ledbury U.D.C. Ledbury R.D.C. Ross-on-Wye U.D.C. Ross & Whitchurch R.D.C.	Hereford City	Hereford R.D.C.

GENERAL STATISTICS.

Area of County 538,924 acres.

	1960	1961		
	<i>Population</i>	<i>Live Births</i>	<i>Deaths</i>	<i>Population</i>
URBAN.				
Bromyard	1,710	32	21	1,670
Hereford City (M.B.)	35,000	796	433	40,010
Kington	1,820	32	21	1,840
Ledbury	3,670	53	43	3,610
Leominster (M.B.)	6,220	89	70	6,380
Ross-on-Wye	5,390	107	94	5,570
Total Urban Districts	53,810	1,109	682	59,080
RURAL				
Bromyard	7,060	113	107	6,780
Dore and Bredwardine	8,310	118	94	7,840
Hereford	19,120	293	195	18,300
Kington	4,770	71	48	4,440
Ledbury	8,630	119	105	7,920
Leominster and Wigmore	10,010	147	136	9,600
Ross and Whitchurch	11,810	178	147	11,360
Weobley	6,300	88	64	5,540
Total Rural Districts	76,010	1,127	896	71,780
Total County	129,820	2,236	1,578	130,860
England and Wales	45,755,000	804,120	551,783	46,166,000

Note.—The population figures shown are the Registrar-General's estimated population at the 30th June.

VITAL STATISTICS.

	1960	1961
HEREFORDSHIRE		
Live Births		
Male	1,175	1,158
Female	1,056	1,078
Total	2,231	2,236
Live birth rate per 1,000 population	18.2*	17.8*
Illegitimate live births per cent. of total live births	5.1	5.2
Still Births		
Male	32	25
Female	22	26
Total	54	51
Still birth rate per 1,000 live and still births	23.6	22.3
Total live and still births		
Male	1,207	1,183
Female	1,078	1,104
Total	2,285	2,287
Infant deaths	35	32
Infant mortality rate per 1,000 live births		
Total	15.7	14.3
Legitimate	16.1	12.7
Illegitimate	8.8	42.7
Neo-natal mortality rate per 1,000 live births (first four weeks)	10.8	9.4
Early neo-natal mortality rate per 1,000 live births (first week)	6.7	7.6
† Perinatal mortality rate	30.2	29.7
Maternal deaths (including abortion)	<i>Nil.</i>	<i>Nil.</i>
Maternal mortality rate per 1,000 live and still births	—	—
Death rate per 1,000 population	10.9*	11.2*
ENGLAND AND WALES.		
Live birth rate	17.1	17.4
Still birth rate	19.8	18.7
Infant mortality rate	21.9	21.4
Crude death rate	11.5	12.0

* The local crude birth and death rates have been multiplied by the area comparability factor so that they are comparable with the crude rate for England and Wales.

† The perinatal mortality rate is the number of still births and deaths under 1 week combined per 1,000 total live and still births.

Infant Mortality Rate.

	HEREFORDSHIRE.			ENGLAND & WALES—
<i>Year</i>	<i>Live Births</i>	<i>Infant Deaths</i>	<i>Rate per 1,000 live births</i>	<i>Rate per 1,000 live births</i>
1952	2,128	62	29.1	27.6
1953	2,067	32	15.5	26.8
1954	1,960	71	36.2	25.4
1955	1,993	52	26.0	24.9
1956	2,047	55	26.9	23.7
1957	2,071	49	23.7	23.1
1958	2,094	56	26.7	22.6
1959	2,062	51	24.7	22.2
1960	2,231	35	15.7	21.9
1961	2,236	32	14.3	21.4

Perinatal Mortality

The perinatal mortality rate of 29.7 compares with 30.2 in 1960.

There were 51 still births, 3 less than in the previous year. Of these, 5.9% were illegitimate compared with 1.9% in 1960. 6 still births were home deliveries and 26 were premature.

There were 17 early neonatal deaths, 2 more than in the previous year. 16 died in hospital and one at home. 23.5% were illegitimate compared with none in 1960. 9 of the deaths occurred within 24 hours of birth.

The main causes of perinatal deaths are shown in the following table:—

CONDITION	NUMBER OF CASES
Virus Infection	1
Placental Deficiency	2
Birth Trauma	3
Rhesus Incompatibility	3
Toxaemia	4
Ante Partum Haemorrhage (without toxæmia)	5
Cord Disasters	6
Congenital Abnormalities	8
Neonatal Pulmonary Conditions	1
Peritonitis	1
Congenital Malformation	7
Prematurity	9
Cause unknown	18

Still births.

Deaths during first week

CARE OF MOTHERS AND YOUNG CHILDREN.

Infant Welfare Centres.

No new centres were opened during the year and none was discontinued.

The Bromyard centre was transferred to Nunwell Surgery and the Belmont centre was transferred from the Belmont Community Centre to the new Hinton Youth Club in Ross Road, Hereford and is now known as the Hinton Infant Welfare Centre.

The mobile infant welfare unit visits some of the rural clinics. It is sited alongside the village hall, which serves as a waiting room.

Five centres are administered directly by the Local Health Authority and the remaining thirteen are administered through voluntary organisations.

The assistance provided by members of voluntary committees is much appreciated.

	<i>Centres provided by</i>		TOTAL
	<i>Local Health Authority</i>	<i>Voluntary Organisations</i>	
No. of centres	5	13	18
No. of sessions held during year	325	236	561
No. of first attendances under 1 year	778	324	1102
No. who attended born in 1961	667	269	936
No. who attended born in 1960	663	264	927
No. who attended born in 1959-1956	468	307	775
Total number of children who attended	1,798	840	2,638
No. of attendances—children under 1 year	7,776	2,656	10,432
„ „ „ children 1-2	1,336	770	2,106
„ „ „ children 2-5	928	743	1,671
Total attendances during the year	10,040	4,169	14,209

Child Guidance.

Eight pre-school children were seen at the Clinic during the year. This is the same number as in 1960 and it is a regrettably small number—regrettably so because it is often possible to do more, and to do it more expeditiously, to help younger children who have emotional problems, rather than when these same children are older.

The Three Counties inter-clinic conference was held in Cheltenham and the National conference in London and members of the staff attended both, while the social worker also attended a national conference dealing with Psychotic Children.

An article on “Bedwetting” published in the “Medical Officer” dealt with experiences gained in treating children some of whom attended the clinic in Hereford.

Welfare Foods.

The arrangements for the distribution of welfare foods from 11 infant welfare and 71 other centres throughout the county have continued to work smoothly and are still carried out largely by voluntary effort. In only five of the main centres are paid staff employed.

On the 1st June, 1961, the Ministry of Health introduced increased prices for three items, orange juice 1/6d. per bottle, cod liver oil 1/- per bottle and vitamin tablets 6d. per packet. Previously orange juice was sold for 5d. per bottle and cod liver oil and vitamin tablets were supplied free. The increased prices resulted in a decreased demand during the second half of the year. The price of national dried milk remained unchanged at 2/4d. per tin.

Total issues during 1961 :

National dried milk	43,057 tins
Cod liver oil	4,603 bottles
Vitamin A. and D. tablets	3,605 packets
Orange juice	32,959 bottles

St. Martin's Day Nursery, Hereford.

<i>Number of approved places</i>		<i>No. of children on register at the end of the year</i>		<i>Average daily attendance during the year</i>	
0-2	2-5	0-2	2-5	0-2	2-5
10	25	10	25	8.0	17.25

St. Martin's Day Nursery admits children under the age of 5 years. Priority is given to the admission of those coming within the following groups :—

- (a) Mother is unable to look after the child owing to illness.
- (b) Mother is unable to look after the child, e.g. mother unmarried.
- (c) On medical grounds—the child requires to be with other children.

The question of the continuance of Day Nursery provision is being kept under review.

Mother and Baby Home.

<i>Name and address of Home</i>	<i>No. of beds</i>	<i>No. of cots</i>	<i>Number of admissions during the year.</i>	<i>Number of admissions for which the Authority was responsible</i>	<i>Average length of stay in days</i>	
					<i>Ante Natal</i>	<i>Post Natal</i>
St. Martin's Home, Walnut Tree Avenue, Hereford	22	18	76	23	45.4	30.0

The following additional information in respect of St. Martin's Home, Hereford, is of interest :

AGES OF MOTHERS' ADMITTED :—

15-18	.....	.....	.....	.....	.....	35
19-23	.....	.....	.....	.....	.....	25
24-28	.....	.....	.....	.....	.....	10
29-35	.....	.....	.....	.....	.....	3
36-44	.....	.....	.....	.....	.....	3
						76
						==
1st baby	.....	.....	.....	.....	.....	66
2nd baby	.....	.....	.....	.....	.....	7
3rd baby	.....	.....	.....	.....	.....	3
						76
						==

DISCHARGES :

Placed for adoption	34
Home with baby.....	32
Transferred to nursery	2
Fostered out	1
Ante-natal cases returned home	4
Still births	2
Post with baby	1
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	76
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Private Nursing Homes.

There are now two private nursing homes in the county registered by the County Council under the Public Health Act, 1936, one of these being situate in Hereford City.

These provide a total of 16 beds for chronic medical sick.

Nurseries and Child Minders.

At the end of the year four private nurseries were registered under the Nurseries and Child Minders Regulations Act, 1948. These provide places for 45 children.

Dental Treatment.

Details of the examination and treatment of expectant and nursing mothers and children under five are shown in the table below :—

	<i>Expectant and Nursing Mothers</i>	<i>Children under five</i>
Examined	35	17
Needing treatment	34	14
Treated	29	7
Made dentally fit	25	7
Treatment provided—		
Scalings and gum treatment	6	—
Fillings	61	—
Silver nitrate treatment	—	—
Crowns or inlays	—	—
Extractions	122	21
General anaesthetics	—	8
Dentures provided—		
Full upper or lower	14	—
Partial upper or lower	3	—
Radiographs	4	—

Principal Dental Officer's Report.

The tabulated data shows a further decline has taken place in this aspect of the Council's dental service. This decline commenced when it became necessary to close the surgeries at Ross-on-Wye and Leominster due to acute shortage of staff. This created difficulties for the rural patient, for it necessitated travelling to Hereford, which due to poor public transport facilities often entailed being away from home for a complete day. To a mother with several small children this is clearly impossible. Furthermore, health visitors being aware of the serious staff shortage are not able to use their persuasive powers to the full. There appears to be no prospect of increasing available dental staff, which would undoubtedly increase the tempo of this service.

Prior to the recent amendment to the National Health Service Act, expectant and nursing mothers could only obtain completely free treatment from the Local Authority, but now they can

do so from any general practitioner. It may well be that this amendment might affect the Local Authority Service, and particularly where great difficulties exist such as those in this County.

Puerperal Pyrexia.

Notifications during year	8
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CAUSES—

(a)	Uterine	3
(b)	Extra-uterine	4
(c)	Indefinite	1

CONFINEMENTS.

(a)	Delivered and isolated at home	4
(b)	„ „ „ in hospital	.....	2
(c)	„ at home and removed to hospital	.....	2

COURSES.

All these pyrexias responded to treatment satisfactorily without known spread of infection.

Ophthalmia Neonatorum.

No cases were notified during the year.

MIDWIFERY.

Notification of Intention to Practise.

			1960	1961
1. Domiciliary	(a) District Nurse	.....	60	58
	(b) Independent	.....	1	2
	(c) Midwives living in adjacent counties and taking occasional cases in Herefordshire	.....	4	5
	(d) Practised in an emergency	.....	1	1
			66	66
2. Institutions	(e) Hospitals	.....	17	15
	(f) Nursing Homes	.....	2	—
			19	15
Grand totals			85	81

Ante-Natal Care.

Home Visits by midwives	1960	1961
					11,989	12,887

Home Confinements.

Total	971	921
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Midwifery Nursing Visits.

Total	19,018	18,010
Visits to mothers discharged from hospital under 14 days	4,566	5,913

The sharp increase in home confinements during 1960 was partially maintained in 1961 when 64% of all confinements took place at home. The continued increase in post natal visits to patients confined in hospital reflected the general increase in total births as well as a tendency towards earlier discharge from hospital.

Flying Squad.

With a somewhat similar incidence of complications associated with the third stage of labour more use was made of the obstetric flying squad. This meant effective treatment on the spot with

only one case needing further therapy in hospital. The squad were called on twelve occasions, causes :—

Intra partum haemorrhage	.....	.....	2
Post partum haemorrhage	.....	.....	3
Retained placenta	.....	.....	5
Obstetric shock	.....	.....	2

Analgesia—Case Incidence.

	1960	1961
Gas and Air Analgesia given	67%	61%
Trilene	11%	20%
Pethidine (with or without Analgesia)	64%	61%

Relaxation/Mothercraft Classes.

These continue to thrive at all the main urban centres with teaching shared by midwives and health visitors, the whole being organised and co-ordinated by supervisory staff. An evening class held periodically for expectant fathers and mothers is increasing in popularity. The emphasis is slightly social but chiefly educational through guest speakers, films, and health or parentcraft exhibitions.

In-Service Training.

One member of the Supervisory staff, and eleven midwives, attended compulsory post-graduate courses of one week at approved residential centres.

Housing of District Nurses as at 31st December, 1961.

	Houses.	Nurses.
County Council owned houses	12	17
Flats rented by county council from rural district councils	1	1
House rented privately by county council and sub-let to nurse	2	3
Houses rented by county council from rural district councils	5*	4
Houses rented by nurses from rural district councils	5	5
Flat rented by nurse from rural district council	1	1
Houses rented by nurses from district nursing associations	1	1
Nurses in their own homes	22	25

*Two houses vacant at end of year.

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HEALTH VISITING.

Number of children under 5 years of age visited during the year	13,045
Expectant mothers.	
First visits	830
Total visits	1,684
Children under 1 year of age.	
First visits	2,257
Total visits	18,068
Children aged 1 and under 2 years.	
Total visits	6,192
Children aged 2 but under 5 years.	
Total visits	16,692
Tuberculous households.	
Total visits	505
Other cases.	
Total visits	6,493
Total number of families or households visited by Health Visitors	8,383
Total number of attendances made by Health Visitors at clinic sessions during the year	4,786

There has been little change in the pattern of health visiting during the year. Routine home visits continue with an increase in the case of old people and a fall in the number of tuberculosis visits as the incidence of this disease decreases.

Poliovirus Survey.

For the second time a survey has been undertaken over a period of twelve months. Conducted locally by the County Bacteriologist with the aid of our health visitors it is part of the national survey into the incidence of asymptomatic poliovirus carriers among children under the age of five years. Co-operation from parents has been excellent.

Liaison with General Medical Practitioners.

In this county there is a growing understanding of the health visitor's function by general practitioners and a steadily increasing request for her services. Direct contact between doctor and health visitor is made possible by provision of office telephones for health visitors and making known means of access. It has not yet been found practicable to attach any particular health visitor to any particular medical practitioner or group practice.

Liaison with Hospitals.

On the particular question of follow up of persons discharged from hospital there is occasionally a request for health visitor's report on home conditions when discharge is pending. This usually applies to young children and more rarely to old people. Apart from this requests for follow up home visits are much more frequently made of the home nurses for continuation of nursing care and supervision and it may be regarded as incidental that many of the home nurses are also health visitors.

Health Education.

The demand continues for talks to groups associated with Civil Defence volunteers, Home Help Service, Women's Institutes, and Church Groups, etc., and these are met by medical officers and health visitors, district nurses and nursing supervisory staff. Relaxation/mothercraft classes for expectant mothers and evening sessions for these mothers and their husbands have been referred to elsewhere in this report and they form one of the best opportunities for health teaching. At infant welfare sessions a programme of topical subjects varied monthly is organised centrally and visual aids and posters are circulated to and from centres. At some centres a health visitor attending in addition to regular staff undertakes periodic talks and demonstrations during clinic sessions. One long-standing mothers' club is held as an extra afternoon session weekly in winter, monthly in summer, with guest speakers and a health teaching programme. These group teaching efforts are in addition to individual teaching and home advice and also to health teaching in schools referred to in the appropriate report. All receive the support of central visual aid material, demonstration models, books, film strips, made known to and used by all staff concerned.

In-Service Training.

One member of the supervisory staff and two full-time health visitors attended approved residential courses.

Staff meetings with speakers on social or clinical subjects were held on approximately alternate months. The Biennial Staff Conference was held on four afternoons in September. Attended by staff from local hospitals and neighbouring counties a reciprocal attendance was made by some of our own staff at similar conferences in Worcestershire and Gloucestershire.

Staff Training.

Two candidates successfully completed Health Visitors' Training Courses and returned to full-time health visitors' duties in City and County areas.

There were no candidates from training for health visitor/district nurse generalized duties in rural areas.

HOME NURSING.

The following table shows the number of cases attended, and the number of visits paid, by the district nurses during the year.

	<i>Number of Cases</i>	<i>Number of Visits</i>
Medical	1,559	38,957
Surgical	781	10,184
Infectious Diseases	26	116
Tuberculosis	13	451
Maternal Complications	26	328
Others	2,207	25,827
Totals	4,612	75,863
Patients who were 65 or over at the time of the first visit during the year	1,279	31,711
Children who were under 5 at the time of the first visit during the year	250	1,226
Patients who have had more than 24 visits during the year	524	32,230
Cases visited in 1960	4,661	76,119

Visits for the purpose of giving injections only have shown a marked decrease particularly in the case of insulin injections for diabetics. This may be showing the benefit of improved teaching and follow-up work from the health visitor attending the Diabetic Clinic as well as possibly some increase in the use of oral insulin. Tuberculosis home care has become almost non-existent apart from streptomycin therapy which remains unchanged in incidence.

Medical Loans.

New items have been added to central supplies, particularly beds and mattresses for which the demand is constant.

Marie Curie Fund.

An annual grant from this fund is now available for provision of extra comforts not available from any other source for patients suffering from cancer. Help has been given in a number of cases, chiefly with bed linen and extra nourishment.

Student Training.

Two nurses completed their district nurse training during the year and returned to service in the county.

Visiting Students.

Four student nurses from Worcester District Training Course spent three days each residing with nurses in this County to observe rural combined duties.

Hereford (Hospital) Nurse Training School.

The students have continued their visits with district nurses and health visitors complementary to their lectures on Social Aspects of Disease. Each group has discussed impressions with the Superintendent Nursing Officer, ending with a tour of the County Health Department.

"Home Nursing" Teaching Courses.

There has been continued demand for these courses particularly from Civil Defence Volunteer Groups. Tuition is given by district nurses with help of visual aids and demonstration material from our central loan supplies.

In-Service Training.

Two nurses attended approved residential post-graduate courses at centres arranged by the Queen's Institute. One member of the supervisory staff attended a one-day course on "Central Sterile Supply Services."

VACCINATION AND IMMUNISATION.

Smallpox Vaccination.

The following table shows the number of persons vaccinated, or re-vaccinated, during the year :—

<i>Children aged</i>	<i>Vaccinated</i>	<i>Re-vaccinated</i>
Under 1	1,049	—
1-2	161	—
2-4	59	16
5-14	75	116
15 and over	66	278
Total	1,410	410
1960	1,470	343

No cases reported during the year of generalised vaccinia or post-vaccinal encephalomyelitis, and no deaths from complication of vaccination.

Poliomyelitis Vaccination.

Vaccination against poliomyelitis continued to be offered during the year to persons in the priority groups.

In April the Ministry of Health stated that, although the present course of three injections of inactivated vaccine have a high degree of protection, in view, however, of the greater risk of infection to which children in school are exposed it was recommended that a reinforcing fourth dose should be offered to children when they enter schools ; also to children of five years and over already at school who have not reached the age of twelve years.

To increase the numbers of persons being immunised additional supplies of posters, large and small, were obtained, and these were distributed throughout the County.

Special evening sessions were held at Hereford, Leominster and Ross-on-Wye. These were advertised in the local press and the response was highly satisfactory.

A tour of the larger villages throughout the County with the Mobile Unit was arranged and, no doubt due to the adequate prior publicity of the campaign, a successful response was obtained.

In addition, all the larger factories in the County were offered the services of a Medical officer to visit the factory and vaccinate all employees who were agreeable. Several firms accepted this offer and special vaccination sessions were arranged.

Five cases of poliomyelitis, one fatal, were notified during the year.

	<i>Vaccinated with two injections in 1961</i>	<i>Vaccinated with third injection in 1961</i>	<i>Total number given three injections since beginning of scheme</i>
Children under 5	2,321	1,391	6,482
Children born 1943-56	960	507	20,142
Young persons born 1933-42.....	1,732	773	7,975
Persons born before 1933 who have not passed their 40th birthday	4,110	2,175	3,437
Other priority groups	26	20	172
Total	9,149	4,866	38,208

In addition, 6,115 children aged between 5 and 12 received a fourth injection.

Diphtheria Immunisation.

During 1961 a total of 2,881 children under 15 years of age were primarily immunised, and 2,777 given a single reinforcing injection. A large proportion of the pre-school children were immunised with triple antigen (Diphtheria/Whooping Cough/Tetanus). The figures in the following chart include those immunised with the triple antigen.

<i>Children Born in Years :</i>	<i>Primarily immunised</i>	<i>Reinforcing injections</i>
1961	707	—
1960	1,132	4
1959	204	7
1958	121	4
1957	73	26
1952-56	436	1,484
1947-51	208	1,252
Total	2,881	2,777
1960	2,093	2,413

No case of diphtheria was reported in the area of the Authority during the year but the publicity given to the small outbreaks of diphtheria in other parts of the country would seem to account for the higher acceptance rate for immunisation in 1961.

Whooping Cough Immunisation.

The number of children who completed a course of immunisation against Whooping Cough during the year is as follows. These figures include those immunised with the triple antigen.

<i>Children Born in Years</i>	<i>Number immunised</i>
1961	699
1960	1,077
1959	159
1958	97
1957	61
1952-56	96
1947-51	16
Total	2,205
1960	1,542

There were 107 notifications of whooping cough occurring in children under 5 years of age during 1961, as compared with 200 during 1960.

AMBULANCE SERVICE.

The establishment of paid personnel in the County Ambulance Service is as follows :—

- County Ambulance Officer
- Deputy County Ambulance Officer
- 3 Clerks (including Control Staff)
- 1 Telephonist (whole-time)
- 2 Telephonists (part-time)
- 4 Senior Driver-Attendants
- 25 Driver/Attendants

Vehicles are deployed as follows :—

	<i>Ambulances</i>	<i>Dual-Purpose Ambulances</i>
Hereford	6	6
Ross-on-Wye	1	1
Leominster	1	—
Bromyard	1	—
Ledbury	1	—
Kington	1	—

The steady decrease in the number of volunteers throughout the Service continues to cause concern. Of all substations Leominster seems to be in the strongest position. It becomes increasingly difficult to turn out the Bromyard and Ledbury ambulances during the periods outside which retained drivers provide cover and it is almost impossible to turn out either on Sundays. This applies even in serious emergencies.

Improved arrangements have now been made for the Kington ambulance. The proprietor of the Central Garage has made structural alterations to part of the garage and the arrangements now seem to be satisfactory.

During the year a standard ambulance and one dual purpose vehicle were purchased as replacements.

The new station is now in use at Westfield Walk, Leominster and is considered very suitable.

During the year provisional plans were produced for the replacement of the Headquarters Station at Hereford. This is now very inadequate for its purpose. Definite siting of the new station is still under discussion.

Following last year's success when the Herefordshire team were successful in gaining second place in the National Finals of the Competition for Ambulance Services organised by the National Association of Ambulance Officers it is gratifying to be able to report that this year the team obtained first place. Not only did they win the premier award, the "Pye Trophy" for the team with highest overall marks, but also the "Pearson Trophy" for the team gaining the highest marks in the team test.

The Ambulance and First Aid Section of the Civil Defence Corps continues to grow and training is being given to more volunteers. Classes are continuing regularly at Hereford, Leominster and Ledbury and in the near future it is anticipated that new classes will be formed in Ross-on-Wye and Kington. Many exercises of local section, divisional and regional, have been held and well supported.

The following table shows how the number of patients carried and the annual mileage have increased over the past ten years :—

<i>Year</i>	<i>Full-time drivers</i>	<i>Annual mileage</i>	<i>Patients carried</i>
1952	9	171,142	10,535
1953	10	189,425	12,294
1954	13	206,455	15,580
1955	14	239,291	22,842
1956	15	240,260	24,495
1957	20	256,598	25,973
1958	22	270,011	28,503
1959	22	283,594	28,796
1960	26	294,864	30,260
1961	29	306,003	33,100

The following table shows the number of patients carried, mileage travelled, and the journeys made by ambulances from the various stations during the year.

Station	PATIENTS CARRIED.			Mileage	Journeys
	Stretcher	Sitting	Total		
Bromyard	208	307	515	11,071	284
Hereford	4,090	23,228	27,318	217,173	8,481
Kington	59	183	242	3,699	156
Ledbury	69	615	684	4,871	169
Leominster	682	759	1,441	26,306	634
Ross-on-Wye	787	2,113	2,900	42,883	1,348
Total	5,895	27,205	33,100	306,003	11,072

Hospital Car Service.

By means of this service, many suitable patients can be conveyed and thus alleviate demands on the ambulance service. The following table shows the mileage covered, journeys made, and patients carried during the year.

	Mileage	Journeys	Patients carried
January	7,394	318	398
February	6,970	270	391
March	7,867	309	443
April	6,563	246	378
May	6,734	245	362
June	8,866	324	457
July	8,490	324	522
August.....	7,313	251	394
September	9,536	356	524
October	10,630	403	622
November	11,408	404	597
December	6,442	223	390
Total	98,213	3,673	5,478
1960.....	87,172	3,183	5,194

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

Tuberculosis.

	PULMONARY				NON-PULMONARY			
	Men	Women	Children	Total	Men	Women	Children	Total
No. of primary notifications during 1956	37	19	7	63	9	6	5	20
No. of primary notifications during 1961	24	15	2	41	—	3	2	5
Decrease	13	4	5	22	9	3	3	15
No. of patients on Register 31/12/56	405	315	62	782	58	61	51	162
No. of patients on Register 31/12/61	341	211	36	588	29	28	38	95
Decrease	64	104	26	194	29	33	13	67
No. of deaths during 1961	7	4	—	11	—	1	—	1
Death rate per 1,000 population (County)	0.084				0.008			
Death rate per 1,000 population (England & Wales)	0.065				0.007			

Chest Physician's Report.

In this year's report it might be of interest to compare the figures with those of 1956, i.e. over a five year period.

With regard to primary notifications, although 37 fewer new cases were found in 1961 than in 1956 this does not mean that the tuberculosis problem is likely to be at an end very shortly. Indeed, the incidence figures have shown only a slight fall in the past three years. This is partly due to better case finding and a greater use of mass radiography so any conclusions drawn from these figures should be neither too congratulatory nor too gloomy. Better discovery of cases and prompt treatment is gradually reducing the amount of tuberculous infection in our people, but there remains the sorry fact that civilisation with all its benefits has not yet managed to produce what we can soberly regard as a healthy community.

B.C.G. vaccination, available to children who are contacts, school leavers, nurses, etc., but is still refused by some parents, has amply proved its worth in the eyes of those in a position to note the much diminished incidence of tuberculosis in young people who have had this harmless injection. Rehousing should, in time, show its benefits in prevention of tuberculosis, but in town and cities there is the increasing menace of excessive motor traffic with its gross atmospheric pollution and noise, healthful for neither the tuberculous nor the bronchitic, nor, for that matter, for anyone else.

With regard to the numbers of patients on the Tuberculosis Register at 31st December, 1961 compared with 31st December, 1956, it must be impressed that, thanks to modern drugs and other factors, the majority of these cases still on the register, i.e. under clinic supervision, are no longer suffering from active disease and that the great majority are no longer infectious. The decrease shown by such figures is mainly due to recovery or to a less extent death. For instance during 1961, 83 were taken off the register as recovered, and 19 died. It may be noted that among the respiratory (lung) cases which form the more important group as regards infectivity, proportionately more women and children reached the stage of recovery than men. Middle-aged and elderly men who nowadays are the chief targets of the disease are also the hardest to steer to recovery.

The mortality figures have been so relatively small in recent years that annual comparison is of no great value. The same number of deaths were recorded in 1961 as in 1956.

I am grateful for the continued help and encouragement given by all colleagues of the County Health Department, by the Local Authorities and others concerned in the work of prevention of this disease.

Occupational Therapy.

During the year the Occupational Therapist visited 131 patients, including 24 at Tupsley Hospital.

The domiciliary cases included 19 chest and 16 psychiatric. The remainder suffering from other physical disabilities. 11 patients returned to work, including two who successfully completed a course at St. Loyes College, Exeter and are now working in Hereford and Birmingham. One was referred to Farnham Royal Hospital, Buckinghamshire for rehabilitation and one was admitted to a Cheshire Home. The Occupational Therapist made fortnightly visits to the Occupation Centre run by the County Welfare Department and 8 former patients are now attending this Centre. Out-work has been supplied by the County Library, Haigh Engineering Company, Ross-on-Wye, Wye Plastics, Madley and the Polio Employment Centre, Wolverhampton.

After-Care.

Mrs. E. R. Barlee, A.M.I.A., resigned her appointment as After-Care Welfare Officer on the 27th January and was replaced by Miss S. K. Carson, A.M.I.A., who commenced duty on the 8th August.

71 patients were dealt with. The main sources of referral being Chest Physicians, Hospital Staff and County Health Department Staff. The following table shows the age range :—

<i>Referred by</i>	<i>Under 40</i>	<i>Over 40</i>	<i>Over 50</i>	<i>Over 60</i>	<i>Total</i>
Chest Physicians	12	7	8	3	30
Hospital Staff	5	3	3	11	22
Health Dept. Staff	5	3	2	8	18
General Practitioners	—	—	—	1	1
Total	22	13	13	23	71

Chiropody.

During the year this service was extended to Bromyard and Kington but, in October the Chiropodist attending these Clinics resigned and the arrangements had to be cancelled. The post has been advertised but no applications received.

The Service is available to the elderly, the physically handicapped and expectant mothers and transport is arranged when a Doctor certifies that the patient is unable to travel by public transport. The charge for each treatment was increased during the year to 1/6d. The demand for this Service continues to increase and there are waiting lists for treatment at each Clinic. The following patients were treated during the year :

		<i>Patients.</i>	<i>Attendances.</i>
Bromyard	.....	23	36
Hereford	.....	160	572
Kington	.....	28	38
Leominster	.....	35	115
Ross-on-Wye	.....	61	162
Total	.....	307	923

Convalescence.

Patients are recommended for short periods of recuperative convalescence under Section 28 of the National Health Service Act, 1946, by general medical practitioners, house surgeons of hospitals and medical officers of health. Only those persons who do not require medical or nursing care, but merely rest, change of air and good food, are accepted under the scheme. Patients are expected to contribute towards the total cost of the service in accordance with their means.

During 1961, 29 persons proceeded to convalescent homes for periods ranging from two to fourteen weeks—18 women, 5 men, 4 boys and 2 girls.

DOMESTIC HELP.

Number of cases where domestic help was provided during the year :—

Maternity (including expectant mothers)	.....	.....	.....	.....	90
Tuberculosis	.....	.....	.....	.....	1
Chronic sick (including aged and infirm)	.....	.....	.....	.....	332
Others	.....	.....	.....	.....	150
					573

This represents an increase of 58 over the previous year and there continues to be a steady rise in the number of chronic sick cases receiving help. Each case has been supported by a certificate from a medical practitioner or midwife.

The full standard charged was raised from 3/9 to 4/- per hour in April. Persons who cannot pay the full standard charge are assessed and pay according to their financial circumstances. The minimum charge is 5/- per calendar week. On 2nd January, 1961 the standard working week of a home help was reduced from 44 to 42 hours and, in order to continue the service previously given by the equivalent of 70 full-time helps it was necessary to increase this number to 73. A further increase to 75 was made on the 1st April, 1961. No case received more than full-time help in any calendar week, and most cases received many less hours than this.

The National Joint Council's rates of pay are in force, with a plus rate of 2d. per hour for cases suffering from tuberculosis or certain infectious diseases.

Two 'In-Service' training courses were held, each comprising seven half-day sessions. Twenty-two home helps attended these courses and received certificates of attendance. The courses consisted of talks, film strips and demonstrations by Domestic Science Tutors on such subjects as cookery, laundry, needlework and household management ; by the Superintendent Nursing Officer on the care of the chronic sick, and the home care of mother and child, and concluded with a summing-up by the Home Help Organiser.

Care of Children.

The Co-ordinating Committee met on ten occasions during the year. 23 cases were dealt with, one less than in the previous year.

Some parents, for a variety of reasons, are ill-equipped to accept all the responsibilities of family life. It is the aim of the Committee to help such parents to look after their children. If successful rehabilitation is done, then it is possible to prevent disintegration of families and so help them to make a happier home for their children. The difficulties of individual families are presented to the Committee by the welfare officer. By full discussion it has been possible to build up the whole situations confronting the families and then to make plans to help them. Success is to be judged by a steady improvement in conditions rather than a dramatically quick disappearance of all difficulties.

The Problem Families Welfare Officer made 503 visits during the year to the homes of 34 families. The number of families helped has to remain at a low figure because of the time to be spent in each home. The continual rise in the cost of living has resulted in considerably more time being devoted to problems of a financial nature. Price increases of essential articles are causing considerably less to be spent on clothing and household replacements, resulting in further deterioration in the home and a lowering of morale, especially among the mothers. Work amongst them is becoming increasingly difficult because of this factor.

Fathers, in the main, continue to be very unco-operative. Unemployment is still a major issue. In several cases this is occasioned by the isolated position of the home, and the lack of transport to places of work.

Clothing and bedding creates a major problem. The W.V.S. are always pleased to help families when possible, but need exceeds supply.

MENTAL HEALTH.

Progress in the development of the authority's Mental Health Service has been steady and directed towards a full implementation of the provisions of the Mental Health Act, 1959. A basic principle of the Act is the establishment, by every local authority, of a comprehensive community-care service designed to meet the needs of all types of mentally disordered patients not requiring hospital in-patient treatment—our efforts, circumscribed as they are by the acute problem of finance, have been aimed at setting up such a service in Herefordshire.

An appraisal of local needs has been necessary and indeed this is continuing, but, clearly emerging from the year's work is the evidence that (a) the department is working at full pressure, and (b) there is considerable scope for expansion if the authority's services are to keep pace with national developments in this field.

Staff Changes.

Mr. A. F. H. Barlee resigned his post as Mental Welfare Officer on 30th September, and on 1st December Mr. D. Crowther, A.A.P.S.W., took up the appointment of Senior Mental Welfare Officer. There have been no other staff changes during the year.

Junior Training Centre.

Barrs Court Junior Training Centre continues to provide for 32 severely subnormal children under the age of 16 years. There is still a short waiting list of children who would benefit from the type of training provided at Barrs Court and evidence to indicate a need for another centre in Leominster or thereabouts.

Barrs Court is adequately staffed and it is hoped that the trainee-assistant will, in due course, be accepted for professional training leading to qualification as a Supervisor. During the year the Supervisor attended a refresher course at Loxley Hall, Uttoxeter, and every effort is made to ensure that the work of the centre proceeds on modern lines.

Some redecoration of the premises has been completed during 1961 and further improvements are planned for 1962.

Adult Training Centre.

Rockfield Road Adult Training Centre was opened on the 12th September and caters for 15 male and 15 female subnormal and severely subnormal trainees over the age of 16 years. The Centre draws from all parts of the county and provides a variety of occupation and training covering general handicrafts, carpentry, domestic training etc. Some sub-contract work is done for a few local industrial concerns and it is hoped that this aspect of the unit's activities will be developed and provide steady employment for the trainees who may not be suitable for open employment.

A firm pattern of activity has not yet emerged but every effort is made to put to maximum use the facilities available at the centre with the emphasis on training the mentally subnormal to lead active and useful lives commensurate with their aptitudes and abilities.

Residential Accommodation.

The authority's plan for a residential hostel for subnormal young male adults is well under way and it is hoped that the premises acquired for this purpose will be in full use by September 1962.

The provision of this type of accommodation will help to meet an outstanding need and should contribute in no small way to widening the influence of the Adult Training Centre as hitherto some otherwise suitable trainees have been precluded from attending because of the difficulties of travel etc.

Home Training.

During the year teaching of severely subnormals in their own homes was continued and 51 patients were catered for either within their own homes or in small classes close to their homes.

Day Centre.

A day centre for severely subnormal persons of all ages is held on one day per week in Hereford City. This service is primarily designed to relieve parents of severely mentally handicapped children of some of the stress consequent upon caring for their children continuously and it may well be that in 1962 the authority will wish to extend the minimal facilities at present available.

Social Activities.

A regular feature of the 'after-care' services provided by the authority's Mental Welfare Officers during the year has been the monthly social evenings arranged for former patients of Burghill Hospital and their relatives and friends. The officers are satisfied that this has been a most useful method of helping patients to move easily into an active social life and at the same time has given opportunities for group therapy and been a real contribution to the promotion of positive mental health.

It has been particularly pleasing to note the number of former patients who after regular attendance at these functions have been able to move on into the wider field of social activity and the steady 'turnover' of attenders is indicative of the success of this form of preventive psychiatry.

Thanks are due to the River Wye Guild for their generous assistance in defraying the cost of this venture during the first year.

Other activities such as summer holidays, outings, pantomimes, parties etc. for mentally disordered patients have taken place as in previous years.

Home Visiting Service.

The provisions for the setting up of community-care services under the Mental Health Act 1959, the Minister of Health's plan for hospitals and a closer liaison with Burghill and other psychiatric hospitals has resulted in a very marked increase in this aspect of the authority's services. Until comparatively recently local authority mental health services had been geared almost entirely to meet the needs of the mentally subnormal. The present demand for a comprehensive service calls for increasing provision for the mentally ill, in particular for expert and co-ordinated social work services. 1961 has been notable for the emphasis placed on after-care of this type of patient, and the figures below give some indication of the trend during the year.

Home visiting is done by the Mental Welfare Officers and is an important contribution to preventive psychiatry, providing as it does opportunities for the officers to help the patient cope with the responsibilities of normal life, responsibilities which hitherto have been an abnormal strain on the individual, often precipitating mental breakdown.

The number of patients under care by the mental welfare officers on the 31st December, 1960 and 31st December, 1961 were as follows :—

		1960	1961
Mentally Ill	.....	116	211
Psychopaths	.....	2	2
Subnormal	.....	169	169
Severely Subnormal		177	193
		—	—
Total	.....	464	575
		—	—

Public Relations.

Every opportunity is taken to improve public relations, informing and educating the public is one of the tasks of the department and every effort is made to make known the services which exist and the reason for them. Invitations to address public meetings are never declined and opportunities to speak to workers in other social agencies are welcomed by the mental welfare officers who throughout 1961 have urged that mental health is the concern of every individual.

BLIND AND PARTIALLY-SIGHTED PERSONS.

The County Welfare Officer maintains the registers of blind and partially-sighted persons and is responsible for the provision of welfare services. Two home teachers and three all-purpose welfare officers carry out regular visiting in the homes and teach Braille, Moon and other embossed literature and handicrafts where possible. These officers are also responsible for the organisation of social activities, such as clubs and outings, in co-operation with the Herefordshire County Association for the Blind.

Forty-four persons were certified as blind during 1961 and at the 31st December, the total on the register was 354.

The chief causes of blindness are shown to be :—

Cataract 40, Cataract and other causes 38, Glaucoma 25, Glaucoma and other causes 35, Macular degeneration 40, Trauma 21, Congenital hereditary and developmental defects 21, Myopic error 17.

The following table shows the age at onset of blindness.

	<i>New Cases</i> 1961	<i>Cases on</i> <i>Register</i> 31/12/61
Under 1	—	24
1-4	—	3
5-10	—	2
11-15	—	3
16-20	—	7
21-29	1	10
30-39	—	8
40-49	1	17
50-64	2	57
65 and over	40	188
Unknown	—	35
Total	44	354

The causes of blindness of the cases certified in 1961 were :

Cataract	6
Cataract and other causes	1
Glaucoma	5
Glaucoma and other causes	5
Diabetes	1
Retrolental fibroplasia	—
Macular degeneration	7
Myopic error	1
Cortical blindness	5
Other causes	13

Of the cases involving cataract, seven were over 70 years of age, and of the glaucoma cases, eight were over 70.

Seventy-six were registered as partially-sighted at the end of 1961, of whom twenty-six were regarded as prospective blind, fourteen industrially handicapped, and seventeen were requiring observation only. The remainder were children.

Four cases were admitted to the blind register because of deterioration of vision.

The main causes of defective vision are as follows :—

Cataract 19, Cataract and other causes 6, Myopic error 11, Congenital hereditary and developmental defects 9, Vascular diseases 9.

During the year, twelve new cases were certified in the following age groups :—

2-4 years	.....	.....	.....	2
5-15 years	.....	.....	.....	3
16-20 years	.....	.....	.....	—
21-49 years	.....	.....	.....	1
50-64 years	.....	.....	.....	—
65 and over	.....	.....	.....	6

The causes of defective sight were as follows :—

Cataract 3, Macular degeneration 2, other causes 7.

One case involving cataract was over 65 years of age.

Treatment of cases is carried out for the most part at the Victoria Eye Hospital, Hereford, but a few patients attend hospitals at Worcester and Gloucester. The co-operation between the Welfare Department and the hospital is very close and every endeavour is made to persuade patients to avail themselves of the treatment recommended.

Follow-up of Registered Blind and Partially-Sighted Persons.

(i) Number of cases registered during the year in respect of which Section F. of Forms B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	—	2	—	22
(b) Treatment (medical, surgical or optical)	10	8	—	14
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	1	4	—	6

REPORT OF COUNTY ANALYST.

During the year 235 samples were examined for the County Council or for its constituent Local Authorities. The work has been classified according to the type of sample and the Acts under which the samples were submitted.

Food and Drugs Act, 1955.

192 samples were submitted under this Act—127 milk samples and 65 other food stuffs.

Milk.

Of the 127 milk samples examined 94 were genuine and 33, or 26%, were unsatisfactory.

The Sale of Milk Regulations, 1939, lay down minimum presumptive standards for genuine milk, namely, 3.0 per cent milk-fat and 8.5 per cent solids-non-fat. When the quality falls below either or both of these limits a presumption is raised, until the contrary is proved, that the milk is adulterated either by removal of fat, or the addition of water, or both.

An extra charge may be made for milk sold as Jersey, Guernsey, South Devon or Channel Islands, provided it is produced from cows of the named breeds, and also that it contains at least 4.0 per cent of fat.

Details of the unsatisfactory samples are shown below :—

Milk deficient in fat only .....	.....	26
Milk deficient in solids-non-fat .....	.....	3
Milk containing added water .....	.....	4

The samples submitted were usually selected as suspect ; for this reason the number of unsatisfactory samples is probably higher than would result from random sampling.

Proceedings were taken and convictions recorded against two vendors in respect of samples containing extraneous water. The other 2 vendors were warned.

Cream.

A sample of Danish Sterilised Cream was satisfactory with 23.2 per cent milk-fat and free from preservatives.

Bread.

5 samples were submitted. In 2 cases the crumb was soiled with dark patches containing traces of iron and mineral oil, suggesting contamination with lubricating oil from the bread - making machinery. 2 samples were affected by mould growth. The other was satisfactory.

Sausages.

Standards for these commodities were abolished in 1953, when the meat supply showed a marked improvement over the period of restriction during and immediately after the war.

The standards of minimum meat content prescribed during the time of short supply were 65 per cent for pork and 50 per cent for beef sausages.

The Analyst holds the view that it should be possible to maintain at least the old minimum levels in the present state of comparative plenty.

10 beef and 12 pork sausages were examined and of these 1 beef and 6 pork samples failed to reach the old minimum levels of meat content.

Beers and Wines.

There are at present no minimum standards for the strength of beer. An average original gravity for all varieties sold is probably about 1037.

A sample of Mild had a gravity of 1031.6 and one of Bitter 1037.4.

Two British Wines were received, both of which were declared to have an alcohol content of 28.5° Proof Spirit. One was satisfactory, the other contained only 27.6° Proof Spirit.

Fruit and Fruit Juices.

3 samples of fruit juices and 2 samples of dried fruit were of satisfactory quality.

Soft Drinks.

Standards for soft drinks are contained in The Food Standards (Soft Drinks) Order, 1953. The Order provides for most types of liquid soft drinks, sub-divided into two main classes (a) drinks for consumption without dilution, and (b) drinks for consumption after dilution. Minimum quantities of fruit juice and sugar, and maximum quantities of saccharin, are laid down for both classes. Comminuted drinks, both concentrated and ready-to-drink types, which are made by comminuting the whole fruit have become increasingly popular. These products are made by a number of different processes and there are considerable variation in the amount of insoluble pulp, etc. which is rejected. This tends to make analytical control of quality somewhat difficult.

6 samples were examined—2 concentrates and 4 of the ready-to-drink varieties were satisfactory.

Preserves.

8 samples of jam, 3 of marmalade, 2 of lemon curd, and 1 of mincemeat were submitted for examination and all were found to be of satisfactory composition.

Miscellaneous.

The remaining 8 samples included 2 samples of ground almonds, 1 was found to be free from foreign starch and nuts and of good average quality and 3 samples of desiccated coconut, one of which contained a number of black specks of the outer coating of the kernel.

Fertiliser and Feeding Stuff Act, 1926.

40 samples were examined, 18 fertilisers, 17 feeding stuffs, and 5 miscellaneous samples.

The fertilisers comprised 11 shoddies, 4 granular compounds, a kibbled hoof and horn, a bone meal and a mineral phosphate, all of which were satisfactory within the limits of variation allowed except that no declaration of 'fineness' was given with the mineral phosphate as required by the Fertilisers and Feeding Stuffs Regulations.

The feeding stuffs included 10 poultry, 4 pig and 1 cattle food, 1 protein concentrate and 1 fish meal. They were satisfactory with the exception of the protein concentrate which had only 39.7 per cent. protein, instead of the 45 per cent claimed, and a poultry food which claimed 250 parts per million of copper mineral supplement but contained only 140.

Five miscellaneous samples were examined for harmful substances in connection with cases of illness among livestock. One sample was in a mouldy condition, which is undesirable in stock feed, and 1 contained 0.2 parts per million of mercury, which, whilst undesirable, was considered not to be significant.

Water Contamination.

3 samples of lake water were examined for suitability for watering pigs. All the samples were stagnant, showed signs of septicity and were considered unsuitable.

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